



GREEN LAKE COUNTY

571 County Road A, Green Lake, WI 54941

Original Post Date: 01/08/2025

Amended Post Date:

The following documents are included in the packet for the Health & Human Services Committee Meeting on January 13, 2025:

- 1) Agenda
- 2) Minutes: 11/11/2024
- 3) Resolution
 - Seeking Withdrawal from the Tri-County Environmental Health Consortium and From the Rural Environmental Health Alliance
- 4) Unit Reports



GREEN LAKE COUNTY OFFICE OF THE COUNTY CLERK

Elizabeth Otto
County Clerk

Office: 920-294-4005
FAX: 920-294-4009

Health & Human Services Committee Meeting Notice

Date: Monday, January 13, 2025 Time: 5:00 PM
The Green Lake County Government Center, County Board Room
571 County Road A, Green Lake WI

AGENDA

Committee Members

Joe Gonyo – Chair
*Mike Skivington – Vice
Chair*
Brian Floeter
Christine Schapfel
Richard Trochinski
Mary Hess
Nancy Hoffmann
Vacant
Vacant

Elizabeth Otto, Secretary

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

This agenda gives notice of a meeting of the Health & Human Services Committee. It is possible that individual members of other governing bodies of Green Lake County government may attend this meeting for informative purposes. Members of the Green Lake County Board of Supervisors or its committees may be present for informative purposes but will not take any formal action. A majority or a negative quorum of the members of the Green Lake County Board of Supervisors and/or any of its committees may be present at this meeting. See State ex rel. Badke v. Vill. Bd. of Vill. of Greendale, 173 Wis.2d 553, 578, 494 N.W. 2d 408 (1993).

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Minutes: 11/11/2024
5. Appearances
 - Update on Transportation – Ryan Bamberg and Dawn Brantley
6. Resolution
 - Seeking Withdrawal from the Tri-County Environmental Health Consortium and From the Rural Environmental Health Alliance
7. Director's Report
8. VSO Report
9. Unit Reports
10. Personnel Updates
11. 2025 Budget Updates
12. Committee Discussion
 - Future Meeting Dates: February 10th, 2025
 - Future Agenda items for action & discussion
13. Adjourn

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Passcode: RGLTe5

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Phone conference ID: 617 542 394#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Please accept at your earliest convenience. Thank you!

[Org help](#) | [Privacy and security](#)

Kindly arrange to be present, if unable to do so, please notify our office.
Elizabeth Otto, County Clerk

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

HEALTH & HUMAN SERVICES COMMITTEE MEETING

November 11, 2024

The meeting of the Health & Human Services Committee was called to order by Chair Joe Gonyo at 5:00 PM on Monday, November 11, 2024 in person and via remote access at the Government Center, 571 County Road A, Green Lake, WI. The requirements of the open meeting law were certified as being met. The pledge of allegiance was recited.

Present: Brian Floeter
Joe Gonyo
Mary Hess
Mike Skivington
Nancy Hoffmann
Christine Schapfel

Absent: Richard Trochinski

Other County Employees Present: Liz Otto, County Clerk; Jason Jerome, HHS Director; Kayla Yonke, HHS Financial Manager

APPROVAL OF MINUTES – 10/14/2024 MINUTES

Motion/second (Schapfel/Skivington) to approve the minutes of the 10/14/2024 minutes as presented with no additions or corrections. Motion carried with no negative vote.

DIRECTOR'S REPORT

HHS Director Jason Jerome stated that the single county ADRC application has been approved and the process has begun to complete the change by 01/01/2025. Jerome also outlined the priorities in HHS for 2025 including integration of the ADRC and Aging programs, possible improvements to BHU and crisis on call services, and continued emphasis on the current level of HHS staff compassion and dedication. Discussion held on the current crisis line format and available services.

VSO REPORT

No report.

UNIT REPORTS

Discussion held on the school districts currently taking advantage of the services provided by BHU.

PERSONNEL UPDATES

HHS Director Jason Jerome stated that the Clinical Therapist position has been filled by a qualified intern. This option has been working well for several recent openings in HHS.

DISCUSSION AND POSSIBLE ACTION ON 2025 SPECIALIZED TRANSPORTATION ASSISTANCE GRANTS

HHS Director Jason Jerome explained the annual application for the 8521 grant for operating purposes. *Motion/second (Hoffmann/Schapfel)* to approve the application for the 8521 grant. Motion carried with no negative vote.

2025 BUDGET UPDATES

HHS Director Jason Jerome stated that the budget is complete and will go before the County Board for approval tomorrow (November 12). Discussion held.

FUTURE AGENDA ITEMS FOR ACTION AND DISCUSSION

Future Meeting Dates – December 9, 2024 @ 5:00 PM

Future Agenda Items:

ADJOURNMENT

Chair Gonyo adjourned the meeting at 5:46 PM.

Submitted by,

Liz Otto
County Clerk

DRAFT

RESOLUTION NUMBER -2025

RESOLUTION SEEKING WITHDRAWAL FROM THE TRI-COUNTY ENVIRONMENTAL
HEALTH CONSORTIUM AND FORM THE RURAL ENVIRONMENTAL HEALTH ALLIANCE

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the ____ day of _____, 2025, does resolve as follows:

- 1 **WHEREAS**, the respective Boards of Health in Green Lake and Marquette Counties
2 have voted to withdraw from the Tri-County Environmental Health Consortium, but still
3 believe these specialty services are more effectively provided within a partnership.
4
- 5 **WHEREAS**, customer service and fiscal responsibility are paramount to the operation of
6 a local Environmental Health, Food Safety and Recreational Licensing program.
7
- 8 Fiscal note is attached.
- 9 A majority vote is needed to pass.

Roll Call on Resolution No. -2025

Submitted by Health & Human
Services Committee:

Ayes , Nays , Absent , Abstain 0

Passed and Adopted/Rejected this __day
of __, 2025.

Joe Gonyo, Chair

Mike Skivington, Vice-Chair

County Board Chairman

Brian Floeter

ATTEST: County Clerk
Approve as to Form:

Richard Trochinski

Corporation Counsel

Nancy Hoffmann

Christine Schapfel

Mary Hess

10 **WHEREAS**, WI Dept. of Agriculture, Trade and Consumer Protection (DATCP) may
11 designate a local health department as Agent of the State pursuant to WI State Statute
12 Chapters 66.0417, 97.12, 97.41, 68, 125.68(5), 251.04(3), 252.02, 252.03, 254.46, and
13 254.59; and by WI State Administrative Chapters ATCP 72, 73, 74, 75, 76, 78 and 79
14 and SPS 221 and 390.

15
16 **WHEREAS**, ratification of this arrangement will have a 'cost neutral' impact on
17 participating counties.

18
19 **NOW, THEREFORE, BE IT RESOLVED** that Marquette County and Green Lake Public
20 Health will consolidate resources and form the "Rural Environmental Health Alliance"
21 (REHA).
22

23 **BE IT FURTHER RESOLVED**, that Marquette County Health Department will act as
24 fiscal agent for this consortium; setting and collecting all associated fees, hiring qualified
25 staff, and assuring compliance with ATCP 74 and applicable local ordinances.

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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FOX RIVER INDUSTRIES

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November 2024 Health Unit Monthly Report to the Health & Human Services Board

Public Health Update:

- Diabetes Prevention Program update from Nancy and Lisa:
 - We will be implementing a coffee sleeve advertising push for DPP in the next month or two.
 - We are using transportation vouchers to address the barrier of transportation in participating in the DPP. 1 person using so far. (Nancy screens for this and other barriers during initial call and orientation class).
- Allison and Rachel provided Mental Health injection coverage for BHU Nurse Kassondra the week of November 4th while Kassondra was on vacation.
- Nancy presented at the Zion Lutheran Church on November 6th on the Diabetes Prevention Program. There were 20 total attendees.
- Allison and Rachel attended the Hazard Mitigation Plan workgroup on November 7th and on November 12th in collaboration with Emergency Management and other community partners.
- Rachel attended the Dementia Council meeting on November 7th with Visiting Angels presenting to the group on their services/resources.
- Lauren and Rachel had end-of-year review for the Preventative Health and Health Services Block (PHHS) grant and contract negotiations for FY24 on November 8th with Gabrielle Lentz. FY23 objective was to collaborate with partners to address community needs (CHIP). Objective we chose for FY24 is #5: implement community-based interventions with activities of mental health, access to care, and substance misuse with overarching theme of transportation.
- Flu shot clinic held on November 11th at Christ Alone Lutheran School in Princeton and Berlin Area School District with 32 flu vaccines provided to students.
- Rachel attended Environmental Health Manager interviews in Waushara County. Green Lake is part of the Tri-County Environmental Health Consortium (with Waushara and Marquette counties). The position was offered to a qualified candidate, but that person declined the offer due to location of home office being in Waushara county (as decided by Waushara County). Waushara County is the fiscal agent of the program.
- Lauren and Allison began 4-week vaping prevention class (Catch My Breath) for 5th grade students at Clay Lamberton Elementary School in Berlin.
- Allison met with Gary Podoll and IT staff on November 13th to finalize the After Action Report (AAR) from the Cybersecurity Tabletop exercise that was held on October 15th.

- Rachel attended the Northeast Region WALHDAB (WI association of local health departments and boards) in Combined Locks on November 14th with all of the northeast region health officers and DHS staff.
- Lauren attended the Northeast Alliance for WI Youth (AWY) meeting on November 15th in Manitowoc. We receive funding from AWY to support our substance misuse prevention work.
- Lauren and Rachel met with Laura, Community Resource Specialist from SSM Health to discuss future partnerships and ways to support each other's work.
- Nancy attended the Policy Council meeting with Advocap on November 18th. The policy council serves as an oversight committee for Advocap.
- Rachel attended the Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) virtually on November 19th. The purpose of the coalition is to assist healthcare partners and providers in responding effectively to emergency events, and to remain viable through recovery. FV-HERC is one of seven Healthcare coalitions in the state of Wisconsin.
- Kyle and Rachel joined discussion on November 20th (virtually) with DHS, Marshfield clinic and other county health departments on recent increase in stillbirth and second trimester fetal losses with one case residing in Green Lake County. DHS is actively investigating cases with Marshfield clinic and area providers.
- Lauren and Allison gave vaping presentation to Markesan Middle School Health class students on November 20th.
- Allison conducted our annual N95 Fit Testing for all staff on November 22nd.
- Nancy conducted a lead home visit on November 26th, along with EH staff Jess Jungenberg, for a child with an elevated blood lead level (EBLL). Education, along with environmental health investigation to determine source of lead, provided to parents.
- Rachel attended the end of the year Community Council meeting with SSM Ripon Community Hospital on November 26th. The Community Council is an advisory committee overseeing operations at Ripon Community Hospital.

Respectfully submitted,

Rachel Prellwitz, Health Officer

HEALTH AND HUMAN SERVICE BOARD OF DIRECTORS MEETING UNIT UPDATE



Fox River
Industries

Fostering Relationships for Independence

HHS January 2025 Board Meeting October & November 2024 Unit Update

GREEN LAKE PROGRAM UPDATES

October Program Data

Census as of LAST of Month	Full time	Part time	TOTAL	Wait List	DVR/SE/CIE	Percent Prevoc in DVR/SE/CIE	Days of Service per Week	Notes
FACILITY BASED PREVOCATIONAL	11	29	40	12	15	38%	123.5	1 on medical leave
COMMUNITY BASED PREVOCATIONAL	0	19	19	1	8	42%	27.5	1 on medical leave
			59		23	38%		
SUPPORTED EMPLOYMENT	LTC: 17	DVR: 17		Predicted referrals in next three months:		3		HIRES: 0 JOB LOSSES: 0
DAY SERVICE	3	15	18	13	2		61	
	Self Pay	Managed Care	TOTAL					
REPRESENTATIVE PAYEE	19	56	75				212	DEATH 0 DISENROLLED 0 LOST BENEFITS 0 NEW REFERRAL 0

11/1/2024 Program Data


Census as of LAST of Month	Full time	Part time	TOTAL	Wait List	DVR/SE/CIE	Percent Prevoc in DVR/SE/CIE	Days of Service per Week	Notes
FACILITY BASED PREVOCATIONAL	11	29	40	13	15	38%	122	1 on medical leave
COMMUNITY BASED PREVOCATIONAL		22	22	0	10	45%	29	
			62		25	38%		
SUPPORTED EMPLOYMENT	LTC: 18	DVR: 18		Predicted referrals in next three months:		3		HIRES: 0 JOB LOSSES: 0
DAY SERVICE							151	
	Self Pay	Managed Care						
REPRESENTATIVE PAYEE	19	59	78					DEATH 0 DISENROLLED 0 LOST BENEFITS 0 NEW REFERRAL 2

- Combined MyChoice billing to one system versus two; accessing a new portal.

OTHER UPDATES

Disability Services, Inc.

- Board voted to begin exploring with the county the dissolving of the 501c3 Disabilities Services Inc. Discussion followed on some preliminary steps in the process that include GLC Administration, DHS, and DSI.
- Next Board of Directors meeting is scheduled for April 15, 2025.
- Rear loading dock improvement project completed in October, funded by a grant.

- 
- Cycle 47 minibus arrival expected in November. Cycle 48 minibus is currently having its chassis built. Expect delivery in late 2025.
 - Waiting for word on success of Cycle 49 DOT grant submitted for a minivan and operating funding.
 - Rear parking project update
 - Disposed of 2013 minibus due to an inoperable transmission. Proceeds deposited into the county account to assist with cash match of future vehicles which average 20-25% of the cost of the vehicle.

Fox River Industries, Inc.

- Next Board of Directors meeting is scheduled for April 15, 2025.
- Sold the Freightliner Box Truck and deposited funds into county account to support the purchase of a box truck.

CHILDREN & FAMILY SERVICES UNIT – November 30, 2024

The children and family unit consists of the Unit Manager and 11 staff. The unit is fully staffed and working hard to provide services to all our families in the community. The unit has one Masters level intern, she began with us in September of 2024 and will remain until May of 2025.

Out-of-Home Care – as of 11/30/2024

There are levels to Out of Home Care. Those levels are as follows:

- Court Ordered Relative Care
- Level 1 Foster Care- specific child license or relative license
- Level 2 Foster Care-general foster care with no prior relationship
- Level 3 Treatment Foster Care-private agencies
- Level 4 Specialized Treatment, Group Home
- Level 5 Exceptional Treatment, Residential Care Centers

Green Lake County has the following in each form of placement:

Ct. Ordered Relative Care- 3

Level 1- 0

Level 2- 3

Level 3- 2, these children do not have high needs, but no county foster homes were available for placement.

Level 4- 0

Level 5- 0

Total Placements = **9, 1 child is currently in secure detention.**

November was a busy month with five children being placed with relatives in some capacity in order to keep them safe. The youth that was placed in a group home in Avery, WI, was asked to leave the home due to her behavior and she is now placed in secure detention. The social worker is diligently looking for an appropriate and safe facility for her.

One worker was able to successfully reunify a young child with his mother and father, the family is doing very well. Another youth was able to reach permanency in the means of a subsidized guardianship to his foster mom and this case was able to close.

Voluntary Kinship Care (\$375.00 month per child)

Thirteen (13) children are in this form of kinship care. They must have a yearly review.

Subsidized Guardianship – Is considered a permanent placement for the children and the county must review the home and placement one time per year.

Seven (7) subsidized guardianships.

ACCESS REPORTS

Child Protective Services –

January –15 ; 2 screened in; 13 screened out.

February- 17; 2 screened in, 15 screened out.

March- 11, 1 screened in, 10 screened out.

April- 11, 6 screened in, 5 screened out.

May- 15, 6 screened in, 9 screened out.

June- 16, 3 screened in, 13 screened out.

July- 15, 2 screened in, 13 screened out.

August- 12, 2 screened in, 10 screened out

September- 20, 6 screened in, 14 screened out

October- 26, 6 screened in, 20 screened out

November- 17, 2 screened in, 15 screened out

YTD: Total reports

175 reports total- 38 screened in

Child Services/Welfare –

January –1; 0 screened in; 1 screened out.

February- 7; 4 screened in; 3 screened out

March- 10, 5 screened in, 5 screened out.

April- 5, 2 screened in, 3 screened out.

May- 5, 1 screened in, 4 screened out.

June – 3, 1 screened in, 2 screened out.

July- 3, 1 screened in, 2 screened out.

August – 3, 2 screened in, 1 screened out.

September- 5, 2 screened in, 2 screened out

October- 3, 2 screened in, 1 screened out.

November 4, 0 screened in, 4 screened out.

YTD: 49 child welfare calls, 21 screened in

Youth Justice –

January – 7

February-6

March- 2
April- 5
May – 2
June – 1
July- 2
August- 3
September- 4
October – 2
November-2

YTD: 36 referrals

The drug, alcohol and vaping group ended in November with six kids completing the group.

Birth to Three/C-COP/CLTS

****Birth to Three** had five (5) new children referred to the program in the month of November. One new Individualized Family Service Plan (IFSP) was developed. There were Fourteen (14) open children in the program in the month of November that had active IFSP's.

Children's Community Options program (CCOP) has one (1) child enrolled.

Children's Long-Term Support Waiver (CLTS) children are presently also being carried by the Birth to Three program coordinator; Ten (10) cases have been assigned.

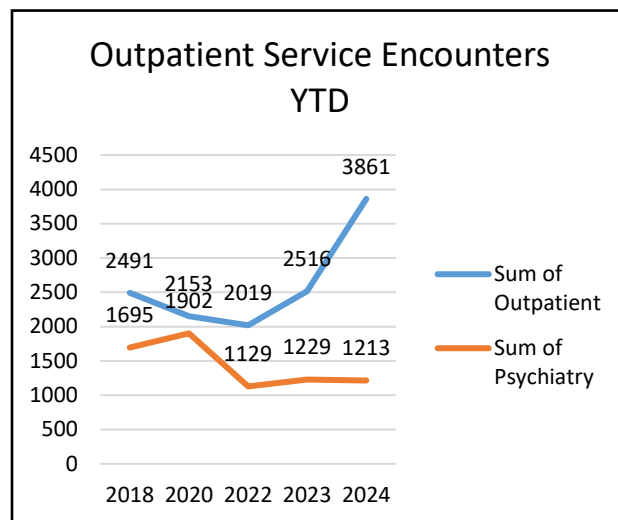
Behavioral Health Unit— November 2024 (October Data)

Outpatient Mental Health (MH) & Substance Abuse (SUD) Programs-

Month at a Glance (October 2024 Outpatient Data**)

New Outpatient Therapy Intakes	17
New Psychiatry Admissions	1
IDP Assessments Completed	5

October 2024:



Behavioral Health Unit staff have continued to see high caseload volume across all programs. Our unit had one open position throughout October 2024, however because we maintain a strong internship program, we were able to quickly fill this position with a candidate who has already received considerable training on our protocols. **We are excited to welcome Autum Wolford to our team!**

There is a decline in psychiatric services after 2020 shown in this chart as a result of the retirement of Dr. Baldomero, child psychiatrist.

Our waiting time for an assessment was able to be reduced to under 14 days for the first time in years.

- Intoxicated Driver Program:** Our agency serves as an assessor facility for state-mandated intoxicated driver assessments. Individuals are either referred to traffic safety school or treatment for their Driver Safety Plan.
 - This month, we provided assessments to **12** drivers.
 - Individuals who receive a court order for an IDP are given 30 days to complete the assessment. We are currently able to accommodate this window with no waiting list.
- School-based offices:** Behavioral Health has school-based offices in 3 school districts in the county which helps increase access for students to MH services, decrease missed school for appointments, and reduce barriers such as transportation/ missed work for parents. These offices also improve collaboration with school professionals, enhancing the quality of care for youth outside of the therapy room as well. ***Two of our school offices have openings for at least 1 new admission, while our Markesan office is at capacity. We have begun partnering with Markesan Elementary School to add a school-based location at that building with services beginning later this winter.***

Outpatient Clinic program goals:

- Increase use of the patient portal feature of EHR
- Continue to increase availability of evidence-based therapy models for county residents
- Decrease wait time for intakes and first follow up visit closer to the 14 day target

- d. Collect and analyze data related to “failed appointment” rate to reduce missed visit

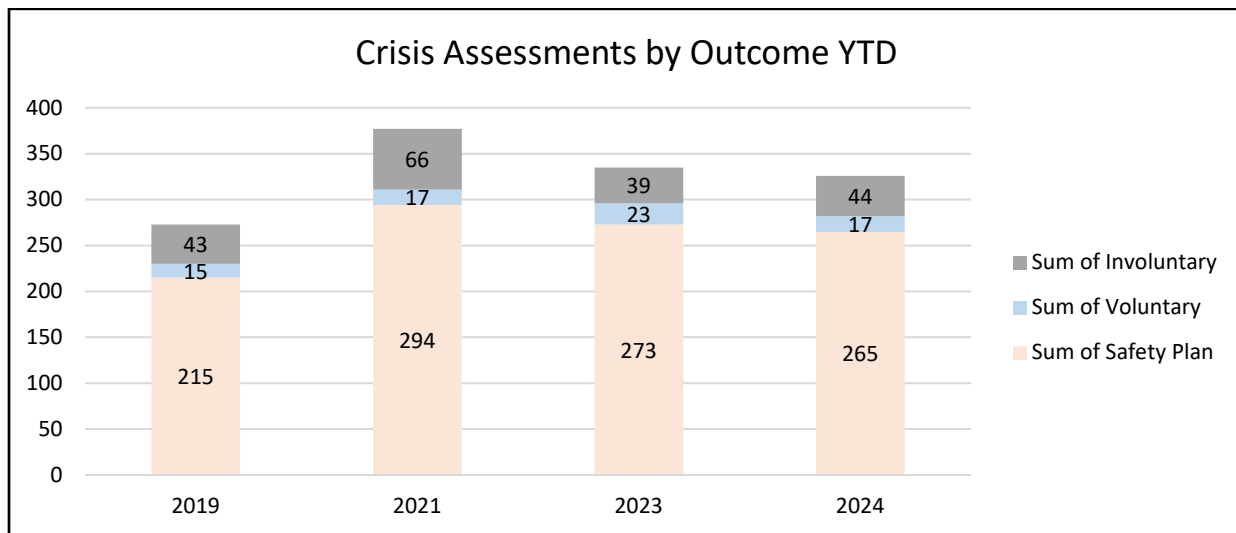
Wrap-Around Services- *BHU provides three tiers of wrap-around services, allowing us to match individuals with a program that meets the level of need based on their unique situation.*

1. **Targeted Case Management (TCM)**— *Less intensive case management for clients. **This program expanded to include adult clients in summer 2018. It presently serves 16 individuals.***
2. **Comprehensive Community Services (CCS)**— *Recovery-focused support for clients who may benefit from an intensive level of services for a shorter period of time. **This program presently serves 33 individuals.***
3. **Community Support Program (CSP)**- *Intensive community-based support for individuals with chronic mental illness. This support is intended to be long-term and supports clients to maintain psychiatric stability in the community and to reduce hospitalizations. **This program presently serves 21 adults. CSP has begun to re-integrate social skill development and wellness groups into the program.***
4. **Children’s Long Term Support Waiver (CLTS)**— *Medicaid waiver program provides funding for families of children with long-term disabilities (developmental, physical, and/or severe emotional disturbance) to access services such as respite care and service coordination which are otherwise not covered by Medicaid insurance. In 2018, Wisconsin announced the dissolution of the local waitlist and then subsequently the transition to a state-wide waiting list model and subsequently dissolved the state waiting list. Starting in 2021, youth who are screened eligible for CLTS services will automatically be placed into “enrollable” status with the expectation that the waiver agency will then open them within the allotted 30 days. **Our current program census is at 69 youth and continuing to grow.***

Wrap around program goals:

- Increase representation for individuals with substance use or co-occurring MH/Substance use needs within the CCS program
- Improve group skill development and social engagement opportunities within Community Support Program

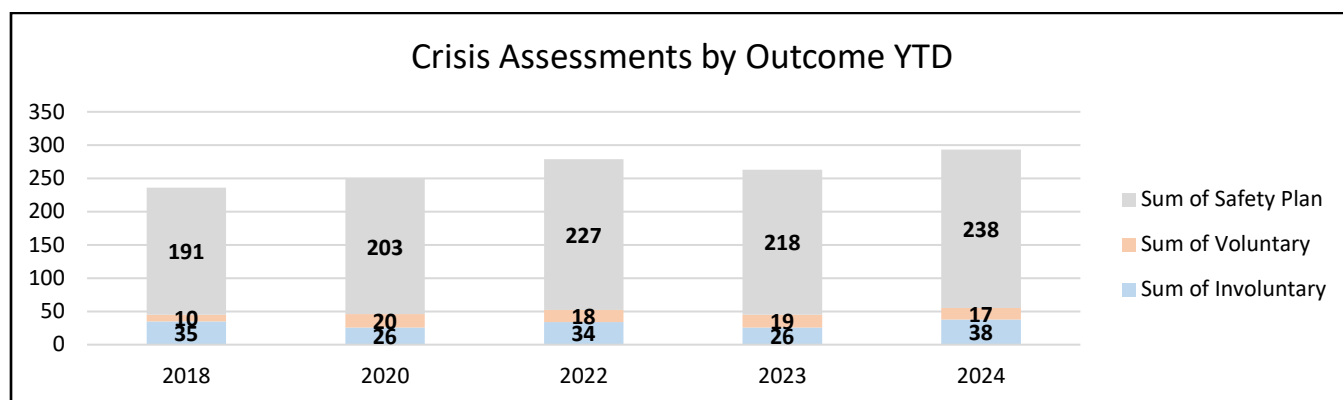
Crisis Services- *Crisis services are available 24/7 including weekends/ holidays for psychiatric and substance use disorder emergencies*



November 2024: Our crisis call volume rose in 2020 and through 2021, and has fluctuated over the past several years but not returned to pre-2020 rates. Subjectively, we are also noting an increase in crisis calls that involve the use of lethal means or are near-lethal encounters (those requiring life-saving medical intervention).

Despite rising call volume, hospitalizations have remained relatively consistent over the past several years. The data represent new crisis calls each month. The crisis team provides additional follow up to clients after initial contacts.

Internally, staff have worked to centralize follow up contacts with a core group of staff specializing in behavioral health crisis. This differs case-by-case, however crisis follow up can last anywhere from 30 days to 6 months. Staff are currently preparing for the transition of Adult Protective Services (APS) responsibilities to our unit beginning in January 2025. We anticipate this will increase our call volumes.



Crisis Program Goals

- Follow up contact with every client receiving crisis services
- Follow up within 48 hours for each client discharging from a county-facilitated psychiatric inpatient stay.
- Increase visibility of mobile crisis response and crisis debriefing services.

Zero Suicide Initiative: Our Zero Suicide collaborative team continues to meet monthly to review the learning collaborative training and the results of our workforce survey. Past team accomplishments include a suicide prevention awareness campaign and QPR training and the implementation of caring contact cards sent to each recipient of crisis services. The team continues to review processes for early identification and referral, as we continue to identify that almost all deaths by suicide and near-lethal attempts have involved individuals who had not had any contact with crisis or Health & Human Services at all prior to the suicide/ attempt.

In October, the team reviewed work plan goals established during the initial training collaborative and continued to look at ways to support staff working with clients in potentially high-risk situations. We further explored opportunities for outreach and post-vention strategies including working with youth who have been bystanders during a crisis incident as well as the COMET program which is designed to provide mental health education to rural communities and specifically targeted towards agricultural workers.

Housing Subcommittee: In Spring 2024, the Behavioral Health Unit sought to initiate a community partnership that includes a variety of professionals as well as interested community members to engage on the subject of homelessness and housing insecurity in Green Lake County. This initiated after a number of contacts to our behavioral health crisis line that involved individuals presenting with their primary need being

that they had no place to go in the winter months. The committee has worked as a subcommittee of the greater Winnebago Land Housing Coalition with an immediate, short term focus to increase awareness and understanding of the unique needs around support for homelessness/ housing issues in rural communities where homelessness may be less visible and there are no emergency shelters available. The group meets monthly.

Dementia Council: In preparation for the transition of Adult Protection (APS) responsibilities to the crisis unit, the crisis team initiated a community Dementia Council. This group meets monthly and has heard a variety of presentations around available resources as well as working to identify and understand the gaps in resources for those impacted by dementia.

Aging / ADRC November

ADRC – local ADRC can help decide if someone is eligible for publicly funded long-term care.

In addition, the ADRC will provide:

Information about Wisconsin's long-term care programs and help with local resources.

Information on living options, the kind of help you or your loved one needs, where to receive care, and how to pay for it.

One-on-one counseling to determine the best options based on personal needs, values, and preference

- Received Calls 223
- 114 calls about Public Benefits Long Term Care Programs
- 132 calls have called before
- 163 Age 60 or older

Disability Benefit Specialist- Disability benefit specialists are available to help adults ages 18 to 59 who have a disability. Elder benefit specialists are on-hand to help adults over age 60 who have a disability. Specialists can answer your questions related to benefits, such as:

FoodShare
Medicaid
Medicare
Private health insurance
Social Security

- New Client Tracking Database implemented – Reports not available yet

Elder Benefit Specialist- Elder benefit specialists are on-hand to help adults over age 60 who have a disability. Specialists can answer your questions related to benefits, such as:

FoodShare
Medicaid
Medicare
Private health insurance
Social Security

- New Client Tracking Database implemented – Reports not available yet

Food Pantry –

- Total Households = 288
- Total People served = 653
 - a. -Seniors = 217
 - b. -Adults under 60 = 266
 - c. -Children = 170

Adult Protective Services - Adult protective services help elder adults and adults at risk who have been abused, neglected, or financially exploited.

- 2 New Referrals

Nutrition Program (3 sites Berlin, Markesan, Princeton)– Senior dining centers (congregate) give older adults a place to enjoy a fresh, healthy meal with others. Centers offer a space for community, friendship, and a place to receive resources / education. Home-delivered meals are for older adults who must stay at home or have limited ability to leave the home. It may be hard to travel due to health or other reason.

- Home – Delivered Meals – 1429
- Congregate – 395
- Carry Out – 64

Caregiver Support Programs- 3 programs (National Family Caregiver Support Program, Alzheimer's Family and Caregiver Support Program and Title IIIB). The purpose of the National Family Caregiver Support Program (NFCSP) is to assist families and other informal caregivers in caring for loved ones at home for as long as possible. Research shows that caregivers experience high levels of emotional, physical, and financial stress which often leads to diminished health of the caregiver.

Alzheimer's Family and Caregiver Support program is available to individuals with a diagnosis of Alzheimer's disease or other dementia and their caregiver when the person with dementia

Title IIIB These funds are for legal services, access assistance and in-home services.

- National Family Caregiver Support Program – 1 New Referral
- Alzheimer's Family and Caregiver Support Program – 0 New Referral
- Title IIIB – 0 new referrals

Dementia Care Specialist – Provide free information and support to adults with dementia and caregivers. Help create places where people with Dementia can remain active and safe.

Memory Screen Clinic Markesan